FHP&R VSO-MSO Roundtable Meeting– "Reserve Component Medical Issues"

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FORCE HEALTH PROTECTION AND READINESS

Overview

- DoD Priority
- MHS Mission/Priorities
- Healthcare Developments/Successes
- Post Deployment Health Reassessment (PDHRA)
- Individual Medical Readiness (IMR)
- TRICARE Reserve Select (TRS)
- Electronic Health Record Initiative - Armed Forces Health Longitudinal Technology Application (AHLTA)
- Unified Policy on Reserve Records Decision

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“No Higher Priority”

“They deserve the very best facilities and care to recuperate from their injuries and ample assistance to navigate the next step in their lives, and that is what we intend to give them. Apart from the war itself, this department and I have no higher priority.”

Robert Gates

Secretary of D

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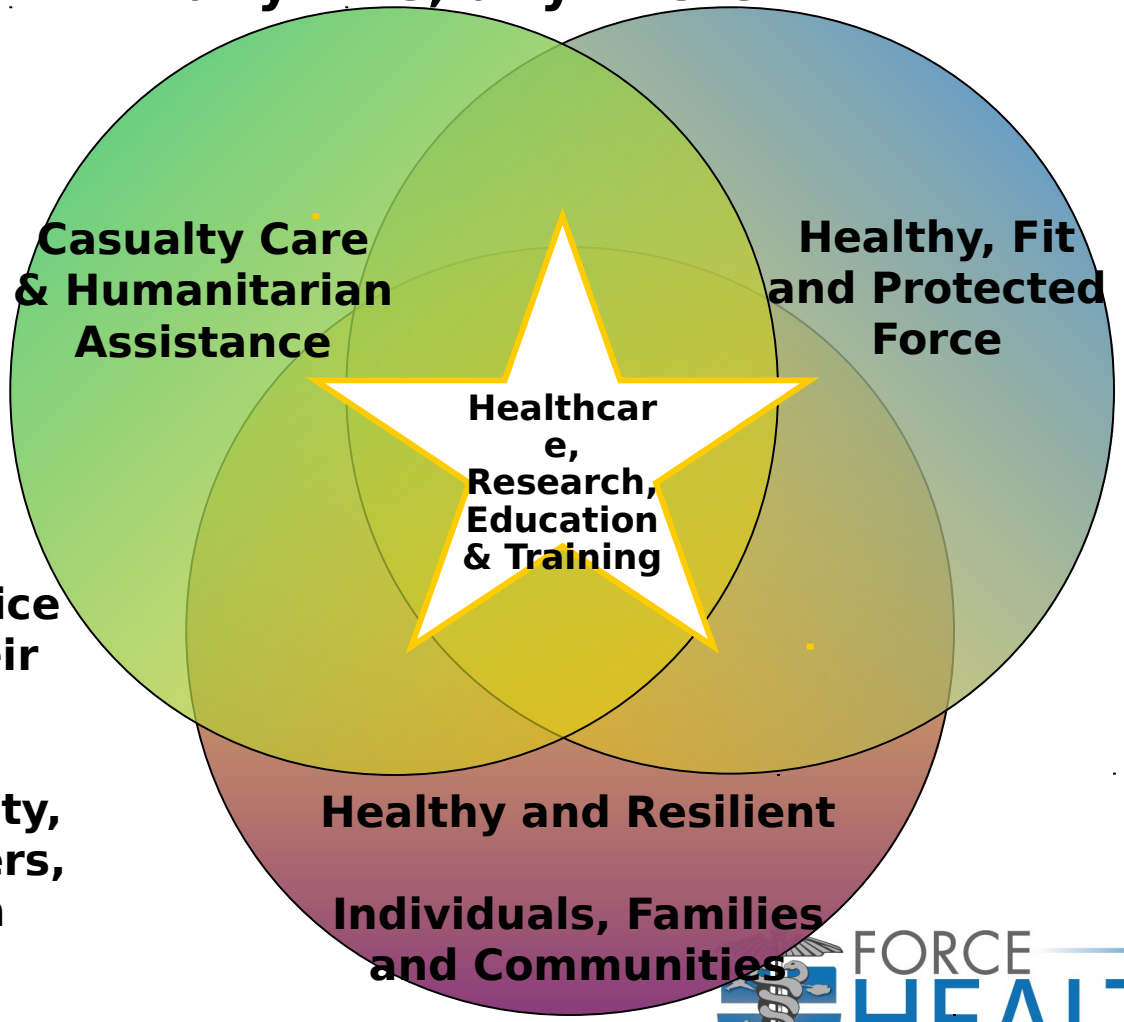
Military Health System Mission

Our team provides optimal Health Services in support of our nation's military mission — anytime, anywhere.


Casualty Care & Humanitarian Assistance
Healthy, Fit and Protected Force
Healthcare, Research, Education & Training
Healthy and Resilient
Individuals, Families and Communities

<u>Customers:</u> Service members and their families (beneficiaries), medical community, key opinion leaders, and the American public.

<u>When:</u> Anytime

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Military Health System (MHS) Priorities

- Enhance warrior care
  - Strengthen the continuum of care
- Build a bridge to peace
  - Support US strategic objectives
- Promote patient choice and accountability, healthy communities, safety and quality
- Strengthen medical education and research
- Create healing environments

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Healthcare Developments/Successes

- Baseline pre-deployment neurocognitive assessment
- Mental Health Self-Assessment Program
- Warrior support web-based programs
  - Afterdeployment.org
  - Military OneSource
- RC access to AHLTA (Armed Forces Health Longitudinal Technology Application)
- Recruiting and Retention – NDAA 09
  - Parity in loan repayment for HC Professionals with AC.

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Healthcare Developments/Successes (Con't)

- High congressional interest in Active Component (AC) and RC psychological health (includes Post-traumatic Stress Disorder) and Traumatic Brain Injury (TBI)
- Yellow Ribbon RC Reintegration program
- Reserve Health Readiness Program provides medical and dental services to the RC
  - Pre-deployment care
  - Post-deployment processing
  - Post-deployment reassessment

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Post Deployment Health Reassessment (PDHRA)

- Implemented in 2005 for Active Duty, Guard and Reserve
- Physical and psychological health reassessment of forces 90-180 days post-deployment
  - Education, screening and global health assessment to identify required care
  - Collection tools identical for the AC and RC

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Individual Medical Readiness (IMR) Background

- Provides continuous monitoring of medical readiness and deployability on defined, measurable medical elements reported via:
  - Status of Resources and Training System (SORTS)
    - Operational Commanders
    - Service HQs
  - Status of Forces Briefing (USD P&R)
  - Force Health Protection Council (DASD FHP&R)

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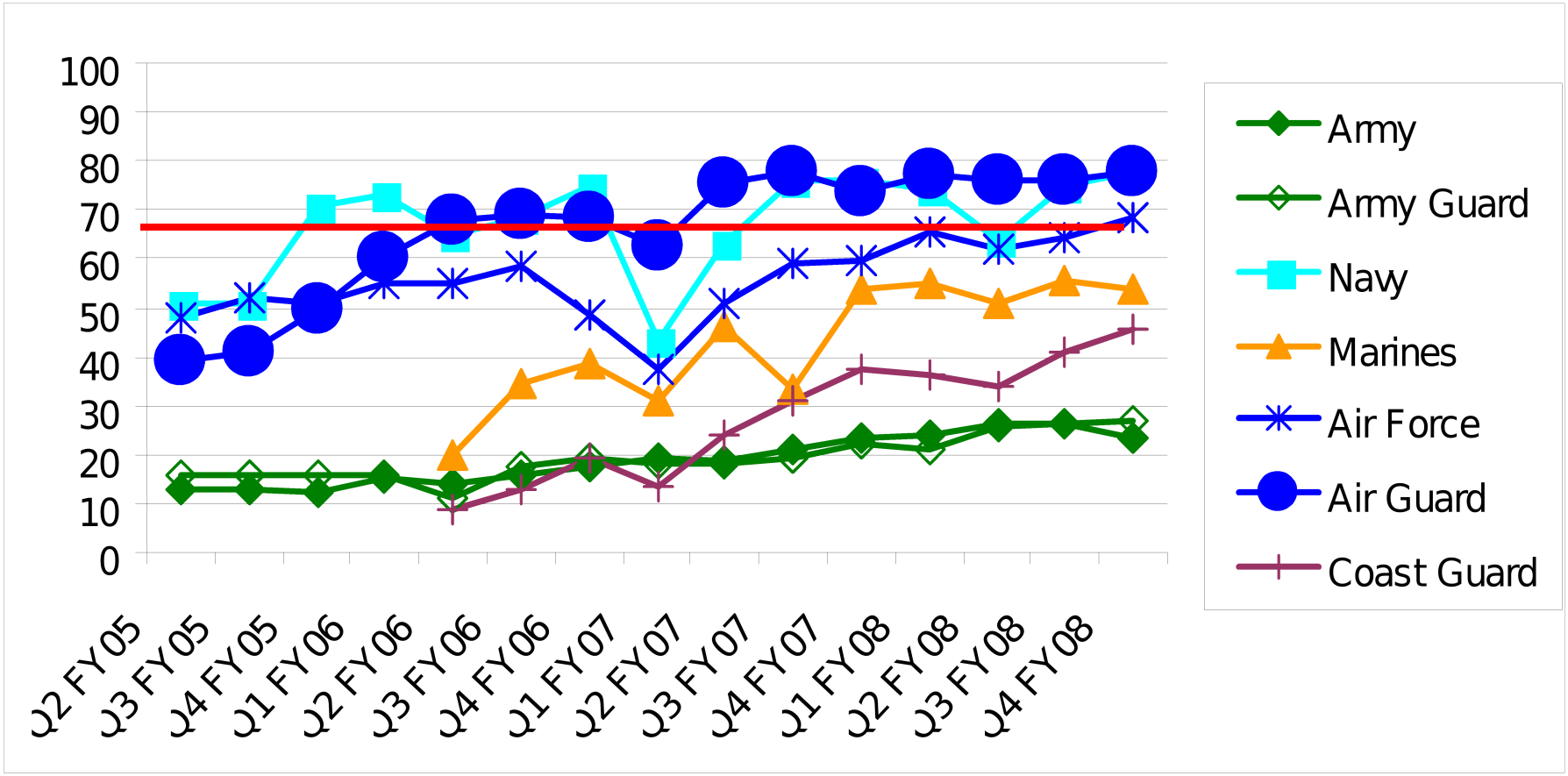
Fully Medically Ready Reserve Component (Goal 75%)



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RC Medical & Dental Readiness

- Expansion of availability for reserves assigned to units scheduled for deployment w/in 75 days of mobilization.
  - Funds via service O&M $

- The Army Selected Reserve Dental Readiness System (ASDRS), which has recently been endorsed by ASA (M&RA) (further supported by Congress in NDAA 09 Section 735, though not specific).
  - *Provides readiness dental care to RC Soldiers regardless of alert status*

- The TRICARE Dental Program (TDP), offered by the TRICARE Management Activity (TMA)
  - *Means of receiving routine dental care for participating RC Soldiers*

- *First Term Dental Readiness (FTDR)- focuses on dental readiness of Initial Entry Soldiers*

- *Dental Demob-Reset (DDR)- provides exams to redeploying RC Soldiers*

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TRICARE Reserve Select (TRS)

- A premium-based health plan for purchase by qualified Selected Reserve Members
  - Members pay 28% of total premium cost
  - 2008 monthly premium rates
    - $ 81 TRS Member-Only coverage
    - $ 253 TRS Member-and-Family coverage
  - NDAA 09 changed methodology to set premium rates
    - 2009 premium rates are anticipated to be significantly lower than 2008
    - New rates to go into effect Jan 1st, 2009
- Restructured and simplified 01 Oct 2007
  - All Selected Reservists may qualify to purchase coverage except those "eligible for or enrolled in" the Federal Employees Health Benefit (FEHB) program
- Comprehensive health care coverage
  - Comparable to TRICARE Standard/Extra
- Participation as of September 31, 2008
  - 30,242 TRS plans in effect
  - 79,348 Covered beneficiaries (including family members)

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Electronic Health Record Initiative - Armed Forces Health Longitudinal Technology Application (AHLTA)

- Problem: Lack of RC medical element access to AHLTA has an adverse impact on unit readiness, continuum of care, quality of care, efficiency of operations, assessment of service-connected health care, and determination of benefits.
  - So, why has it taken so long?
- RC will gain access to AHLTA and have an estimated 1800+ users able to access the electronic health record of the SM
- Enhances collaborative effort between service components, military departments, and VA
  - Leads to further (as well as other) efforts by DOD; info sharing with VA, seamless transition of medical records management, etc.
- RC access to AHLTA shows DOD's commitment to the RC community (see SEC Gates comments at slide 3)

DoD/VA Sharing and RC participation

- LOA4
- Support for RC access to AHLTA really took off in this area
- 21st century solution for the HTR
  - Medical records management and the VA
  - Healthcare Artifacts and Images Management Solution (HAIMS)
  - Document scanning initiatives

Unified Policy on Reserve Records Background

- Problem Statement:
  - *VA often has difficulty processing claims from Reserve/Guard personnel because of records management challenges for personnel and health records*
- Major issues identified by DoD/VA Working Group
  - WG asked to provide specific recommendations

Recommended Solutions

- DoD: Establish and resource a single office within each Service to liaison with VA for all requests (active, reserve, guard, medical, personnel)
- When a VA request for records information cannot be fully met by DoD:
  - –DoD: Designated authority shall provide a written statement that all records pertinent to the request have been provided and that no further records exist.
  - –VA: Accept the report of incomplete records information and proceed with the adjudication of the claim.

The “designated authority for the applicable Service” is the authority designated by the applicable Military Department Secretary to make the statement of unavailability of records information.

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Recommended Solutions

- DoD: Direct all theater paper medical documentation not generated via Theater Medical Information Program (TMIP) be sent to Deployment Medical Record Processing Center (DMRPC), Fort Sam Houston to be scanned and made available as images. This is a short run solution while efforts continue to make electronic data more directly available.

- DoD and VA: Proliferate information on existing sources of electronic data to maximize their use in the short term

- VA: Ensure queries for information are specific within the broad categories of medical and personnel records (e.g., list of awards, care provided in specific location with time frame)

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Recommended Solution

- DoD and VA: Continue Health Treatment Record Lean Six Sigma project to define a permanent solution

- VA: Provide information to DoD on HTRs received

How Can You Help

- Thank you for your support of our service members, particularly the reserve components.
  - Please continue your efforts
- Help us educate the force with regards to:
  - Tricare Reserve Select
  - PHDRA and other assessments
  - DOD/VA sharing initiatives

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Questions

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Back-up Slide

Records Framework

- Personnel Records
  - Today
    - Paper Personnel Records/Documentation
    - DMDC file transfers of data available in automated systems
    - Service-specific Imaging Systems
    - Defense Personnel Records Information Retrieval System (DPRIS) Portal
  - Future
    - DMDC file transfer of more complete data available in Defense Integrated Military Human Resources System (DIMHRS)
- Medical and Dental Records (Health Treatment Record (HTR))
  - Today
    - Paper medical and dental records
    - Electronic Health Record (EHR)/Armed Forces Health Longitudinal Technology Application (AHLTA) (partially phased functionality)
    - Deployment Medical Records
      - Paper deployment medical records (inpatient records only now) from CENTCOM area of responsibility scanned at Deployment Medical Records Processing Center (DMRPC), Patient Administration Systems and Biostatistics Activity (PASBA), Fort Sam Houston
      - AHLTA Mobile and AHLTA Theater data via Theater Medical Data Store (TMDS) in the Clinical Data Repository (CDR)
      - Theater Medical Information Program Composite Health Care System Cache (TC2) data in the CDR
      - Bidirectional Health Information Exchange (BHIE; partially phased functionality)
      - Federal Health Information Exchange (FHIE)
  - Future
    - EHR/AHLTA (full functionality)
    - BHIE/FHIE (full functionality)

IMR Classification Scheme

	Fully medically ready	Immunizations current
		Dental Class 1 or 2
		Current med readiness labs
		No deployment limiting condition
		Current Health Assessment
		Medical Equipment Current
	Partially Medically Ready	Needs immunization
		Needs medical readiness lab
		Needs medical equipment
	Indeterminate	Health Assessment overdue
		Dental Class 4
	Not Medically Ready	Dental Class 3
		Deployment prohibiting condition
		Hospital inpatient or convalescing

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Reserve Health Care Continuum

- Healthcare for Activated RC

Health Coverage	Military Duty 30 Days or Less	Pre-Activation* (90 days early eligibility)	Active Duty Benefits	De-Activation (upon leaving active duty)
Guard/ Reserve Member	Line of duty care only	Full TRICARE coverage as active duty service members	Full TRICARE coverage as active duty service members	TAMP followed by CHCBP or TRS
Family Members	None	Full TRICARE coverage as active duty family members	Full TRICARE coverage as active duty family members	TAMP followed by CHCBP or TRS

are for Non-Activated RC

  - TRICARE Reserve Select (TRS)

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